

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813 or P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: (808) 587-0460 FAX: (808) 587-0470 email: ethics@hawaiiethics.org

email: ethics@hawaiiethics.org Web site: www.hawaii.gov/ethics

NOTE: This is a public document.

THIS SPACE FOR OFFICE USE ONLY

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LOBBYIST REGISTRATION FORM

	(Type or	Print Clearly)	STATE OF HAWAII
PART I LOBBYIST		,	OTATE ETHIOG COLUMNOSTICE.
NAME (Last)	(First)	(Middle)	TELEPHONE
Toyofuku	Robert	S.	808-524-4155
MAILING ADDRESS (Street)		٠	FAX 808-524-0573
1000 Bishop St., #503			EMAIL toyofuku@hiadvocates.com
(City)	(State)		(Zip Code)
Honolulu	HI		96813
EMPLOYING ORGANIZATION (Fill in only if	you are employed by a business er	ntity which has been retained t	to lobby) TELEPHONE
BT Consulting, Inc. dba Adve	ocates	•	same
MAILING ADDRESS (Street)			FAX
same			EMAIL
(City)	(State)		(Zip Code)
		•	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
Hawaii Association for Justic	808-262-9191 FAX-866-871-2035 Fax-866-871-2035		
MAILING ADDRESS (Street)			
P.O. Box 338		EMAIL director@hawaiijustice.org	
(City)	(State)	(Zip Code)	
Kailua	HI	96734	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Cindy Adair		same	
MAILING ADDRESS (Street)		FAX 1-866-871-2035	
same		EMAIL same	
(City)	(State)	(Zip Code)	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
Agriculture	☐ Education	☐ Human Services	Science, Technology & Economic Development			
Communications & Public Utilities	Government Operation & Finance	 Intergovernmental Relations, International Affairs 	☐ Tourism & Recreation			
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	☐ Transportation			
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & WaterUse Management	Other: (indicate below)			
Ecology, Energy Environmental Protection	☐ Housing	Dublic Safety & Corrections				
PART IV CERTIFICATIO	ON OF LOBBYIST					
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete. Signature of Lobbyist) (Date)						
PART V AUTHORIZATI	ION TO LOBBY					
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED					
Cindy Adair	Executive Director					
NAME OF ORGANIZATION (if a	applicable)		TELEPHONE			
Hawaii Association For	Justice .		808-2\$62-9191			
MAILING ADDRESS (Street)			FAX same			
P.O. Box 338			EMAIL same			
(City)	(State)		(Zip Code)			
Kailua	HI		96734			
I hereby authorize the	above - named person to en	ngage in lobbying activities on	behalf of the undersigned.			

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Signature of Authorizing Officer or Person Represented)

(Date)